

Entered - 1-11-01 - sb
CL 01L0031- GWENDOLYN BURNS

CLAIM OF: BOBASHA BANKS
P.O. Box 13381
Atlanta, GA 30324

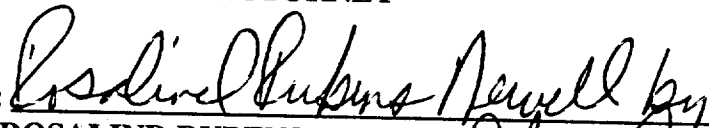
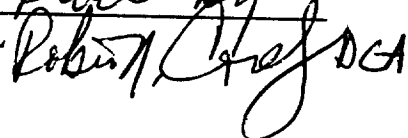
01- R-0262

For damages alleged to have been sustained as a result of a vehicular accident on October 26, 2000 at 725 Ponce De Leon Ave (parking lot of Kroger).

BY PUBLIC SAFETY AND LEGAL ADMINISTRATION
COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **BOBASHA BANKS** the sum of **\$813.23** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for vehicular damages alleged to have been sustained as a result of a vehicular accident on October 26, 2000 at 725 Ponce De Leon Ave (parking lot of Kroger) as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY 

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0031

Date: February 15, 2001

Claimant /Victim BABASHA BANKS
BY: (Atty) (Ins. Co.) _____
Address: P.O. Box 13381, Atlanta, Georgia 30324
Subrogation: _____ Claim for Property damage \$ 813.23 Bodily Injury \$ _____
Date of Notice: 1/11/01 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 _____ X Ante Litem (6 Mo.) _____ X
Date of Occurrence 10/26/00 Place: 725 Ponce de Leon Avenue, NE
Department GENERAL SERVICES Division Motor Transport Services
Employee involved Claude Jacob Disciplinary Action: Defensive Driving Class

NATURE OF CLAIM: Claimant's vehicle sustained damage when it was backed into by a city vehicle that was attempting to back out of a parking space.

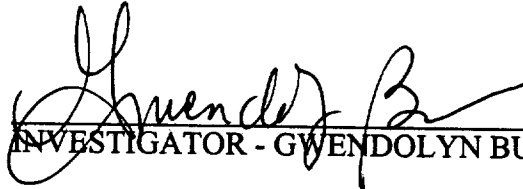
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

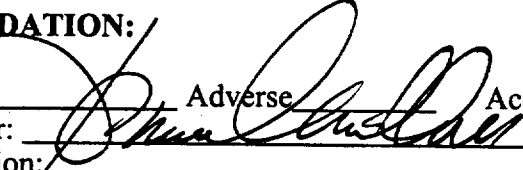
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable X
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ 813.23 Adverse _____ Account charged: 1A01 X 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 12-15-01
Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 1/5/00

Dear Municipal Clerk:

ENTERED - 1-11-01 - SB
01L0031 - GWEN BURNS

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ _____ property and/or \$ _____ bodily injury for which I contend the City is liable.

Accident # 003000447

1. Date of incident: 10-26-00 (month/day/year) 2. Time of Incident: _____ 3. Police called: ☒ Yes ☐ No
4. Location of incident (including street address): Parking lot at Krogers on ponce deleon / near city hall E
5. Name of your insurance company: Allstate Policy No. _____
6. State what and how incident occurred: I was going north into parking lot of Kroger and was struck by, Gladie Jacob going east.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Acura / Hedgend 91 19764 Bobasha Banks.
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: Truck Chevy Claude Jacob Vehicle maintenance
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

Bobasha Banks
(Print Claimant's Name)
P.O. Box 13381
(Address)
Atlanta GA 30324
(City, State and Zip Code)

01-R-0262

Please For Release

270-261-4138
(Work Number)

(Home Number)

DEC 28 2000 15:45

(Fat) (7) 261-4101

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